ARC '16

مؤتمر مؤسسة قطر
السنوي للبحوث
QATAR FOUNDATION
ANNUAL RESEARCH
CONFERENCE

Towards World-class
Research and Innovation

Health and Biomedical Pillar

The Impact of Long-term Medicines Use: Linguistic Validation of the Living with Medicines Questionnaire

Amani Zidan

Qatar University, QA

Email: az1405317@qu.edu.qa

Introduction

Polypharmacy (or the use of multiple medications at the same time by the same patient) could expose the patient to health risks and add an extra burden on the life of these patients in addition to the burden of illness. The Living with Medicines Questionnaire (LMQ) was developed to assess the burden of polypharmacy from the patient's perspective. This tool includes items relating to the use of medication and expressed as statements for which the respondents indicates his/her agreement using five-points Likert-type. There is a need to make available such a measure to contribute information generated from the Arabic-speaking world and to share research findings through an Arabic version of the LMQ, which is culturally equivalent to the original English tool.

Objectives

We aimed at translating and culturally adapting the Living with Medicines Questionnaire into the Arabic context through a structured process utilizing best practices in translation and cultural adaptation.

Methods

As means for adhering to best practice, permission to use the LMQ was sought from the developers, and a protocol for its translation and cultural adaptation was developed using guidelines developed by the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) for the translation and cultural adaptation process for patient-reported outcomes measures. Two forward translations were produced, compared, and reconciled into the first reconciled version. This version was then back translated into English and compared with the original tool leading

QSCIENCE.com
An Initiative of Qatar Foundation

to the second reconciled version. The emerging Arabic version of the LMQ was cognitively tested among purposively selected individuals to test the linguistic and cultural equivalence and produce the final Arabic translation. The results were documented and shared with the developers of the LMQ.

Results

A comprehensive protocol, with the potential to inform future similar studies elsewhere, was developed and used as a guide to produce an Arabic version of the LMQ that is representative of the original tool, and suitable for the Arabic culture. No major issues were found in the demographics section of the questionnaire or the instructions to answer the questions. Issues identified and related to cultural and linguistic equivalence of some terms were resolved by re-wording some items in the tool. A total of seven people were purposively selected to be interviewed in order to assess the LMQ Arabic version in areas related to comprehension, time burden, and acceptability. Individuals were selected with consideration to balanced gender distribution, age, ethnicity/nationality, education, and all with Arabic language as their mother tongue. The cognitive debriefing exercise generated comments regarding the original tool's construct and its Arabic equivalent, which were communicated to the developers of the LMQ for their consideration while conducting further comparative studies.

Conclusion

Through following methods based on best practice, we have joined the international efforts into the development of the first questionnaire aiming to measure medication burden in the Arabic-speaking region. We now make available a culturally equivalent Arabic translation of the Living with Me`dicines Questionnaire for use in Arabic speaking countries in research and/or clinical practice. However, further validation tests are needed to be conducted among Arabic-speaking population.